

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072658

1. Entity Name
MICHAEL J. PETER ENTERTAINMENT, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90092 004 ***150.00

C0033997



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1308 ROSE BLVD.
SUITE B
ORLANDO FL 32839

Mailing Address
1308 ROSE BLVD
SUITE B
ORLANDO FL 32839-3385
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
2301 Delmar PL
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 65-0550476
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STONE, MARC J
200 S BISCAYNE BLVD
SUITE 2500
MIAMI FL 33131-2336

7. Name and Address of New Registered Agent
Name
Richard M. Goldstein, P.A.
Street Address (P.O. Box Number is Not Acceptable)
2500 First Union Financial Center
200 S. Biscayne Blvd. Suite 2500
City
Miami FL Zip Code 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLES, LAIRD M.		NAME	Michael J. Peter	
STREET ADDRESS	1308 ROSE BLVD		STREET ADDRESS	2301 Delmar PL	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	VST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENTERS, ROBERT		NAME		
STREET ADDRESS	1509 SE 2ND CT.		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael J. Peter
Date 2/18/00
Daytime Phone # 407-856-9311

CR2E034 (9/99)